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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Protecting our military
By William S. Cohen' Secretary of Defense

WASHINGTON -- One of the clearest responsibilities of any secretary of defense is to protect the men and women the United States deploys in harm's way around the world to safeguard our national interests. That is why I, acting on the advice of the Joint Chiefs of Staff, decided to start vaccinating every member of the military against exposure to anthrax, a highly lethal biological agent that at least 10 countries possess in their arsenals or are in the

process of acquiring.

In 1996, the Joint Chiefs of Staff identified anthrax as the number one biological threat to our troops. After the Gulf War, United Nations inspectors confirmed that Iraq had produced thousands of gallons of anthrax and deployed it in missile warheads, artillery shells and spray tanks for use from airplanes.

As a weapon of mass destruction, anthrax is cheap and much easier to develop than nuclear munitions. When dispersed in aerosol form, the colorless, odorless bacteria covers a wide area and kills people within several days of inhalation. In 1979, approximately 70 Russians died after breathing anthrax spores that escaped from a Soviet biological research facility.

Fortunately, Iraq did not use anthrax against our troops during Desert Storm in 1991, but we can't expect that future adversaries, including terrorists, would not do so. At a time when the U.S. maintains clear conventional military superiority, enemies will be tempted to turn to unconventional weapons, such as anthrax, as a way to defeat our troops.

Although anthrax is highly deadly, we have developed protective equipment and medicines to secure the safety of our troops. In 1970, the Food and Drug Administration licensed a vaccine to protect humans who might be exposed to anthrax.

This vaccine has a proven safety record after more than 30 years of use by thousands of veterans, woolworkers and veterinarians. Protective gear provides only temporary protection, while the vaccine constantly protects troops who might breathe anthrax spores spread on the battlefield.

After evaluating the anthrax threat and the safety of the vaccine, the general who commands U.S. troops in the Middle East requested that all troops deployed to the Arabian Gulf area be vaccinated for anthrax protection.

Every day approximately 20,000 U.S. Soldiers, Sailors, Airmen and Marines stationed in the Gulf awake knowing that they could encounter an anthrax attack. The commander of the 37,000 U.S. troops in South Korea, who face an anthrax threat from North Korea, also requested vaccinations for his forces.

The Joint Chiefs reviewed these proposals in light of their conclusion that anthrax is the foremost biological threat to our troops. They recommended mandatory anthrax vaccination for all 2.4 million active and reserve members of our military, with the first shots going to troops in or scheduled to go to the Middle East and Korea.

They reasoned that force protection should not be optional; just as it is inconceivable to allow a soldier to fight without a helmet, it makes little sense to send a soldier into battle without protection against a known threat like anthrax. Because our military must be able to deploy anywhere on short notice, they recommended vaccinations for all active and reserve personnel.

I supported the recommendation of our military leaders. But before launching the vaccination program, I took steps to make sure that we were prepared.

Complaints that the Department of Defense mishandled exposure to Agent Orange and the illnesses suffered by some veterans following the Gulf War in 1991 damaged the military's credibility on medical issues. We have worked hard to correct and learn from these experiences, and one of the lessons is that our medical programs to protect soldiers in battle must be planned and implemented with an emphasis on safety.

As a result, I decided to delay vaccinations until four conditions were met.

First, I ordered supplemental testing, consistent with FDA standards, to assure that the vaccine supplies are sterile, safe, potent and pure.

Second, I instructed the services to design a system that accurately tracks personnel who received the six shots required in the vaccination program.

Third, I required the services to develop plans for educating people about the program and administering the immunizations.

Finally, I ordered an independent review of the health and medical protocols of the program. This was performed by Dr. Gerald Burrow, the highly respected former dean of the Yale Medical School, who assisted the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

The vaccinations began in 1998 after these four conditions were met. Gen. Hugh Shelton, the Chairman of the Joint Chiefs, and I were among the first to receive the shots. We experienced the same mild side effects, such as temporary soreness or a small bump on the arm, which many others feel.

Indeed, the side effects are frequently less than those caused by other routine vaccinations that most Americans routinely receive. Our careful monitoring of the program reveals no unexpected side effects. Nevertheless, if our troops experience a negative reaction, we provide quality medical care.

More than 400,000 active duty Soldiers, Sailors, Airmen and Marines have started receiving the series of six shots, while only about 300 have refused vaccinations.

We take seriously the concerns that people have raised about the program, and we are in the process of distributing additional educational material to explain the program to military members and their families. We have bolstered our website (http://www.anthrax.osd.mil) to counter some of the erroneous assertions about the vaccine that are circulating on the internet. We are continuing to monitor the safety of our vaccine supplies.

The military does not want to lose a single member because of his or her concerns over this program. But most of all, we don't want to run the risk of losing thousands of men and women in uniform from an anthrax attack for

which we are unprepared. The threat is real, and we are carrying out a prudent, safe program to counter the dangers our troops face.

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Headline: Navy medical facilities, personnel receive safety awards

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON – Advances in work environment safety and occupational health programs have earned Navy safety and occupational health professionals and medical facilities recognition by the Chief of Naval Operations.

The Jerry Shultz Memorial Safety Award was presented at the February 8 CNO's Navy Occupational Safety and Health Professional Development Conference to Lt. Cmdr. Roland Garipay, MSC, and Lt. Cmdr. Rachel Haltner, MSC. Two facilities, Naval Hospital Camp Pendleton, Calif., and Naval Hospital Rota, Spain, also received the award.

Haltner, who is Commander Naval Air Atlantic force hygiene officer, contributed to Fleet readiness by leading a rewrite team for the 500-page "Navy Occupational Safety and Health Program for Forces Afloat" document. It took her two years to eliminate unnecessary chapters, reduce administrative burdens, redundant functions and reduce manpower requirements.

"The award means a lot to me," she said. "A streamlined document that met the requirements to have a safe and healthy working environment was our ultimate goal. This document helps commanding officers provide that safe and healthy working environment."

According to her award, as a result of her team's efforts, there was a 22 percent reduction in Fleet occupational safety and health administrative requirements and elimination of 1,362 man-hours of each Navy and Military Sealift Command ship per Inter-Deployment Training Cycle.

Garipay, who is the industrial hygiene and safety officer at the Shore Intermediate Maintenance Activity, Norfolk, Va., manages 36 programs covering safety, environmental protection, gas-free engineering and operational risk management. He said that a safe and healthy workforce is important to the command to meet mission requirements.

SIMA has a diversified repair and maintenance environment that could be a breeding ground for mishaps. But during Garipay's tour, overall work related injury and illness decreased 52 percent. To achieve that success required Garipay to institute an active approach to mishap training, reporting and continuous workplace monitoring.

"This award recognizes the responsiveness and professionalism of my staff in carrying out my vision of how safety and occupational health should serve today's Navy," Garipay said.

Navy safety and occupational health professionals are

not only talking a good program throughout the Navy, they are making sure that safety and health concerns are addressed within their own organizations. Naval hospitals Camp Pendleton and Rota, were also recipients of the Shultz Award,

"The biggest reason we won the award is customer service," said Wanda Walters, safety manager for the hospital at Rota.

Among the department's safety programs are baby safety training for new parents, ergonomic work improvements such as a standing microscope/computer workstations and establishing a safety page on the hospital's web site.

Walters said the safety departmental representatives made the award possible. "They are the backbone of the program, doing the daily safety tasks within their departments."

Robert Rendl, Naval Hospital Camp Pendleton safety manager, is just as involved with his hospital's safety program.

We all put in a cooperative effort at this command that cuts across all departments," Rendl said. "That's what makes it work."

Safety specialist Ruben Ruiz supports his view.

"The importance of safety and environmental protection both on and off the job is paramount in the success of our program," Ruiz said. "The results are evident in the reduction of personnel and material loses within this command."

Capt. Thomas K. Burkhard, MC, Naval Hospital Camp Pendleton commanding officer looked at the bottom line numbers for an appreciation of his hospital's safety program.

"During the past five years this command has decreased its mishap rate by 400 percent, reduced its hazardous waste output by 300 percent and excelled in every type of inspection," he said.

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Headline: Stress treatments not just for combat
By Staff Sgt. Kathleen T. Rhem, USA
American Forces Press Service

WASHINGTON, Feb. 22, 2000 -- DoD is aiming to ensure that the services treat people for stress reactions from combat and other traumatic events.

"Many things beside combat can cause a combat stress reaction," said Army Dr. (Lt. Col.) E. Cameron Ritchie, director of Mental Health Policy and Women's Health for the Office of the Assistant Secretary of Defense for Health Affairs. "We may have less combat action today, but we still have danger and sleep deprivation, in training exercises and deployments."

Ritchie said service members today have to deal with the sight and smell of dead bodies on peacekeeping missions, accidental deaths of unit members, and "working in an

environment where people you came to help are shooting at you, as in Somalia." Any of these things can cause a combat stress reaction, she said.

"Some people are very critical of the term 'combat stress control' because we're seeing a lot of situations other than combat," she said. "We're seeing 'operational stress.' That's really the term I prefer."

Commanders should be aware that home-front stresses often cause difficulties. "A person may be doing great where he is, but it's the news that his wife is divorcing him, or his child is having problems in school, or he needs to figure out what to do with his elderly parents that becomes a precipitating factor," Ritchie said.

Two aspects differentiate a perfectly normal reaction to trauma and a more severe reaction that requires professional treatment -- how long the reaction lasts and its severity.

"It depends on the symptom," Ritchie said. "Nightmares might go on for weeks, but uncontrollable shaking shouldn't last more than a few hours. If someone becomes suicidal or even homicidal it becomes a medical issue. The chain of command should work closely with their medical team to provide the service member immediate help."

DoD mental health experts are trying to emphasize to the services the importance of combat stress control to the overall health and fitness of the force, Ritchie said. DoD Directive 6490.5, signed Feb. 23, 1999, attempts to implement combat stress control policies throughout the department.

She said soldiers need to know that psychological reactions to traumatic events are normal. Ritchie explained it's also important to treat combat stress casualties as close to the front or to their units as possible and with the understanding they will return to duty. "We've found that if you ship people out of their units, most never go back, and they don't recover as well," she said. "There's quite a bit of stigma attached to being removed from a unit, and some of these people develop chronic psychiatric conditions."

But, Ritchie explained, this policy is also for the unit's benefit. "One of the things we explain to the commands is that 80 to 90 percent of these people can be returned to duty usually within three days," she said. "If you start evacuating large numbers of soldiers, you're going to have an epidemic, especially if you get into a situation where there's real combat."

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Headline: Rescue teams save lives after explosion
By MN3 Gerald Roach, Naval Hospital
Naval Station Ingleside Public Affairs

INGLESIDE, Texas -- Sirens were blaring aboard Naval Station Ingleside recently as emergency vehicles responded to a 911 call reporting a fire and explosion with two

victims trapped inside a laundry room.

The call was part of a drill for Naval Station Ingleside fire department and emergency services personnel.

As the firefighters climbed down from the fire truck in their cumbersome gear and breathing apparatus, a Sailor ran up and told them what happened, "Fire! Explosion! Two people are still inside."

The firefighters entered the smoke-filled building, located the "victims" and pulled them to safety.

Firefighter Tom Tracy, trained in emergency first aid, assessed the first victim and treated his wounds as two firefighters returned to the building for the second victim.

As they brought the second victim out, emergency services personnel arrived. Doctors and corpsmen joined the firefighters at the scene. Tracy described both victims' injuries as he controlled the hemorrhaging to his patient's leg and chest.

Firefighters extinguished the blaze and then everyone's attention was directed to the patients.

Lt. Georgina Loya, MC, stethoscope in hand, assessed the situation, turned to her medics and called out orders, "Two large-bore I.V.s over here. LR and normal saline. Get me a 7mm ET tube.

"I want pressure on that," she said as she pointed to one of the patient's wounds. "Blood pressure is narrowing, let's go!"

She looked up and reached for some tape. "Tube's in! Hyperventilate and continue bagging this one."

Both patients were transported from the scene to the simulated trauma center for emergency medical care.

"We (Branch Medical Clinic) are not an emergency room or a trauma center," said Hospital Corpsman Third Class (FMF) Matthew Bonnett, emergency services leading petty officer. "This EMS training is to keep our mandated skill levels up. This is a rather isolated duty station where metro emergency services are not readily available, as they are to most other naval bases. We want to be prepared for any type of emergency."

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Headline: Women's health seminars take Arlington memorial stage

>From American Forces Press Service

ARLINGTON, Va., -- The Defense Department's top doctor was the kickoff speaker of a women's health seminar series that began at noon March 1 at the Women in Military Service for America Memorial at Arlington National Cemetery.

Dr. Sue Bailey, assistant secretary of defense for health affairs, led the inaugural program with a discussion of health issues for deploying military women. March 1 was also the beginning of Women's History Month.

The free, public "brown bag lunch" seminars will be held monthly from noon to 1 p.m. at the memorial. The 12

seminars are targeted at military women, women veterans and health care professionals and are a source of continuing education credit for nurses and physicians, event planners said.

Guest lecturers scheduled through July are U.S. Surgeon General David Satcher, "Wellness/Healthy People 2010," April 4; Dr. Kay Redfield Jamison, "Mental Health," May 2; Dr. Harold Rosen, "Osteoporosis," June 6; and Dr. Wayne B. Jonas, "Complementary and Alternative Medicine," July 11.

The seminars are co-sponsored by the Women in Military Service for America Memorial Foundation, the Uniformed Services University of Health Sciences, the Office of the Assistant Secretary of Defense for Health Affairs, and the Department of Veterans Affairs' Center for Women Veterans.

To reserve seating and for additional information about memorial activities, visit the http://www.womensmemorial.org/Women in Military Service for America Memorial Foundation, Inc. Web site at http://www.womensmemorial.org/, or call Jennifer Finstein at the memorial at (703) 533-1155 or (800) 222-2294.

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Headline: Great Lakes pollution prevention posters presented at conference

By Lt. Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. – Naval Hospital, Naval Dental Center and Naval Dental Research Command, Great Lakes, Ill., took their pollution prevention messages to the TRICARE Conference in Washington, D.C. last month.

In 1998, the three commands at Great Lakes shared the Governor of Illinois award for pollution prevention. They reduced mercury disposal and initiated programs to reduced use of harmful environmental products.

Last month these programs were showcased in a poster presentation during the annual TRICARE Conference in Washington.

"This is the first TRICARE innovations poster session, and we are pleased with the poster presentation from Great Lakes," said Leslie Doros of Military Health System Reengineering Support.

One of the Great Lakes initiatives highlighted was the Solvent Recycling Program that reduces waste by allowing solvents to be used multiple times. It also reduces the need to keep hazardous materiel in warehouses.

Another program was the Mercury Separator System that reduces the level of mercury discharges from dental amalgam fillings.

"Team Great Lakes works together to achieve these objectives. These initiatives would not have been possible without the combined effort of Naval Medical, Dental, Public Works and Dental Research Commands who developed and implemented these programs," said Donn Stiner, Naval Hospital Great Lakes Facilities Management Department.

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Headline: Pacific leading the pack in TRICARE
By Bill Doughty, US Naval Hospital Yokosuka

YOKOSUKA, Japan -- The Executive Director of TRICARE, Dr. James T. Sears, visited Yokosuka, Japan, recently to see how TRICARE is meeting the needs of active duty service members and their families. Dr. Sears met with hospital health care providers, line leaders and the hospital's executive steering committee. He received briefings and met with beneficiaries and senior enlisted leaders. He also managed to find time to speak to the local news channel.

Sears said that around the world there are tremendous improvements in TRICARE. He said that in some ways, the Pacific is leading the pack in doing that.

Sears said that one of the ways the Pacific area was excelling with TRICARE was putting prevention into practice.

"That's one of the ways that you're leading the pack. You're putting prevention into practice using the one-stop shopping of getting people into the program so that they can enroll, so that they can get their health status recorded, so that they can get started in the program, all in one stop, in one place, and they pick out their primary care doctor or provider at that time, who will provide them care."

"One of the dramatic changes that's happened in our system -- we are moving to a system where we want everyone who's enrolled in Prime to know who their doctor is, to know who their provider is. We also want that provider to know who his or her patients are.

What we're trying to do is move from a system where 'if you don't feel well you go to a doctor' to one in which we are maintaining your healthy status, calling you as much as you're calling us.

We want to be calling you and saying, 'You haven't had your mammogram. You've got a little trouble with your blood sugar. You need to come in for your blood sugar test.' We're working together with you to maintain your health in a proactive way, and that's one of the really exciting things we're doing in the system right now."

TRICARE Tied to Readiness

"If TRICARE is not a successful program, then we will not have the capability to provide our readiness mission. Right now we have a very robust direct care system of military hospitals and doctors and clinics.

If we go to war or if we need to do a deployment, we can get folks who are well trained, ready to go to their platforms, be it a hospital ship or an air-supportable hospital or whatever the readiness platform is. And that's because we're able to deliver a peacetime health care benefit. TRICARE is integral to our readiness mission."

What Beneficiaries Need to Know

"If you drive, you don't need to know the motor vehicle

code; all you need to know are the basic rules of the road and basic laws, and the same thing is true in TRICARE. We would like people to be pretty well informed about their health care benefit and what they need to do to maintain their health.

Essentially, what they need to know are just two numbers. If they're enrolled in Prime, we want them to know who their Primary Care Manager is and how to access them, and then we want them to know the number they can call to get other information about the program.

So, theoretically, all you would need to know are those two numbers. You wouldn't need to know much about TRICARE at all, as long as you knew who to call if you had any problem or any question about your health care."

Where TRICARE Is Going

"All of our beneficiaries and their family members are beginning to understand what we're trying to accomplish in terms of trying to maintain their health, trying to continuously improve TRICARE, to take out the irritants, to make the front end of it easier for them to understand and access.

And, we've made tremendous progress in removing the irritants. So, what I want people to do is keep in perspective where we were under the old TRICARE program, where we are today, and what we have within our reach within the next year or two in terms of improvements to the program. Because we truly want this to be the best program in the world for our people, and we're very close to that."

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Headline: Cherry Point establishes civilian executive development process

By Lt.j.g. Gordon R. Blighton, MSC and Alice Eddinger, Naval Hospital Cherry Point

CHERRY POINT, N.C. -- The board of directors at Naval Hospital Cherry Point is "setting the pace" for Navy Medicine by providing leadership development opportunities for its civilian personnel.

The board has reserved a seat exclusively designated for a civilian representative who serves as a full voting member of the command's executive decision and policy-making team.

In a recent survey conducted by Cherry Point's command evaluation program coordinator, 13 naval hospitals were queried about civilian representation on their board of directors or executive steering council. More than half supported civilian representative councils or partnership groups including both union and non-union civilian members.

At Cherry Point, civilians wishing to serve on the board are offered the opportunity through a structured development plan to prepare them for full participation in executive decision making, strategic and annual planning.

Capt. Joan Bold, MSC, Naval Hospital Cherry Point commanding officer, said she wants civilian board of directors members to have the expertise to be fully functional voting members from the minute they join the

team.

Civilians interested in joining the board of directors recognize what is expected of them and how they need to go about gaining the knowledge and skills to be a full performing member.

Examples of membership criteria include competence in disciplines such as decision making, reengineering and change management, goal establishment and a one year membership on the command's Civilian Representative Council, among other requirements.

Providing civilian leadership development opportunities is also in keeping with the guidelines of the Civilian Leadership Development Program whose framework was established to improve the leadership skills and competencies of junior civilian employees.

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Headline: Anthrax question and answer
>From Bureau of Medicine and Surgery

Question: If we vaccinate against anthrax, couldn't our adversaries just switch to a different bio-weapon?

Answer: If the DoD anthrax vaccination program causes adversaries to switch to a different weapon, it can be considered a success. Other bio-weapons are less stable, less predictable or less effective than anthrax weapons.

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Headline: TRICARE question and answer
>From Bureau of Medicine and Surgery

Question: What is a Primary Care Manager (PCM)?

Answer: A PCM is a medical professional, or a team of providers, in a military hospital or clinic, or in a civilian network, who will assume primary responsibility for providing, arranging and coordinating an enrollee's total health care. A physician designated as a PCM could be one who practices in General or Family Practice, Internal Medicine, Pediatrics and OB/GYN. Nurse Practitioners and Physician's Assistants who are privileged to provide primary care services may be organized as part of the PCM team.

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Headline: Healthwatch: Thyroid gland affects many functions of the body
By JO3 Sherri Boggs, National Naval Medical Center

BETHESDA, Md. -- The thyroid gland is critical to normal body function and produces hormones that influence essentially every organ, every tissue and every cell in the body. Despite its thorough influence, however, the thyroid gland and its disorders may not be widely understood by the public.

The thyroid is the butterfly shaped gland that wraps

around the front of the windpipe just below the Adam's apple. It affects heart rate, cholesterol level, body weight, energy level, muscle strength, skin condition, vision, menstrual regularity, mental state and a host of other conditions.

It produces hormones "T4" and "T3" that regulate the body's metabolism and organ function. If the thyroid gland can not properly produce these hormones, disorders can occur.

The most common type of thyroid disorder is hypothyroidism, or an under-active thyroid, which occurs when the thyroid fails to produce enough hormones. Hypothyroidism affects more than 11 million people in the U.S., and it is commonly found in women and the elderly.

This disorder shows no symptoms in its early stages, but if it is left untreated, symptoms such as fatigue, hoarse voice, mood swings, dry skin and hair, forgetfulness and intolerance to cold can occur.

These symptoms make it difficult to detect hypothyroidism because they mimic other conditions, according to Lt. Cmdr, Amir Harari, MC, an endocrinology fellow at NNMC.

"The symptoms of hypothyroidism are the same as the symptoms of natural aging process, menstrual cycles or menopause," said Harari. "That is why getting the proper tests done is important."

Patients must receive a thyroid stimulating hormone test that enables physicians to identify thyroid disorders early and prevent the onset of symptoms.

Another type of thyroid disorder is hyperthyroidism, or overactive thyroid. This occurs when the thyroid gland becomes overactive and produces too much thyroid hormone. It affects one to two million people in the U.S., and it is commonly found in women in their thirties and forties. It's most common form is known as "Graves' disease".

Symptoms of hyperthyroidism are irritability, nervousness, sleep disturbances, muscle weakness, tremors, irregular menstrual periods, heat intolerance and weight loss.

Harari said that hyperthyroidism can be treated by surgery to remove the thyroid, oral pills can be taken to control hormone levels or radioactive iodine treatments can be given. He said the most common way is radioactive iodine because it destroys the thyroid without taking pills or surgery.

The thyroid gland plays a major role in the everyday function of the human body. It is important for people to receive proper testing to detect thyroid disorder. Patients who are currently diagnosed with thyroid disorder should consult with a physician to determine the proper treatment.

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Story and digital photo submissions to MEDNEWS are encouraged. Generally, stories should be 350-450 words. Photos should be at least 300 ppi resolution, at least 4x5

image size in jpeg format. For more information, contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202 762-3223, (DSN) 762-3223, or fax 202 762-3224. Comments about and ideas for MEDNEWS are welcome. Help us tell the Navy Medicine story.

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